



OFFICE OF THE
BOARD OF SELECTMEN
TOWN OF MAYNARD
MUNICIPAL BUILDING
195 MAIN STREET
MAYNARD, MASSACHUSETTS 01754
Tel: 978-897-1001 Fax: 978-897-8457

CORI REQUEST FORM

MAYLL

Maynard Board of Selectmen has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction, and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applying for the Position of:

Applicant/Employee Signature

Applicant/Employee Information (Please Print)

Last Name

First Name

Middle Name

Maiden Name or Alias (If Applicable)

Place of Birth

Date of Birth

Social Security Number
(Requested but not required)

Mother's Maiden Name

Current Address: _____

Former Addresses: _____

Sex: __ Height: __ ft. __ in. Weight: __ Eye Color: __ State Drivers License Number: __
THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM
OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____
Signature of CORI Authorized Employee

CHSB USE ONLY

Record Attached: _____

No Record: _____